Richmond University Medical Center
An Affiliate of The Mount Sinai Health Network

Institutional Resident Supervision Policy

Richmond University Medical Center Programs

The RUMC Residency Programs recognize and support the importance of graded and progressive responsibility in graduate medical education. This policy outlines the requirements to be followed when supervising residents. The goal is to achieve safe and effective patient care as well as demonstrate the resident's progressive development of the skills, knowledge and attitudes needed to enter the unsupervised practice of medicine.

DEFINITIONS

Supervising Physician: A faculty physician, community physician, a senior resident or a licensed independent practitioner as approved by the Residency Review Committees.

Resident in final years of graduate medical education: PGY 3 and 4

Intermediate level resident: PGY 2

First year resident: PGY 1

SUPERVISION

The ACGME specifies the following four levels of supervision:

- **Direct**: The supervising physician or "supervisor" is **physically present with the resident and the patient** and is prepared to take over the provision of patient care if/as needed.

- **Indirect supervision with direct supervision <u>immediately available</u>**: The supervising physician is present in the hospital and is immediately available to provide Direct Supervision. The supervisor may not be engaged in any activities (such as a patient care procedure) which would delay his/her response to a resident

requiring direct supervision. Note: A qualified supervisor is required in-house 24/7 as specified by the RRC.

- **Indirect supervision with direct supervision <u>available</u>**: (Note: Does NOT apply to PGY 1 level residents) The supervising physician is not required to be present in the hospital or site of patient care or may be in-house but engaged in other patient care activities, but is immediately available through telephone or other electronic modalities and can be summoned to provide Direct Supervision.

- **Oversight**: The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

- **<u>All PGY1 residents are supervised either directly or indirectly with direct supervision immediately available.</u>**

CLINICAL CARE AREAS

On ob/gyn clinical services, adequate supervision **requires the 24-hour presence of faculty in the hospital**.

In the Operating rooms and/or labor and delivery areas, faculty must be **immediately available** to the resident.

In medical patient care units, faculty must be **within easy walking distance.**

In ambulatory (clinic) locations, faculty must be **on-site**. Open and generously used lines of two-way communication are important and should be encouraged.

PROCEDURES
The principles which apply to supervision of residents include:

- Faculty schedules are structured and in place which assign qualified faculty physicians, residents or other appropriate licensed independent practitioners to supervise at all times and in all settings in which residents of this program provide any type of care. The type of supervision to be provided is delineated in the rotation's goals and objectives.

- The minimum amount/type of supervision required in each situation is determined by the definition of the type of supervision specified,

but is also tailored specifically to the demonstrated skills, knowledge and ability of the individual resident. In all cases, the faculty member functioning as a supervising physician should delegate portions of the patient's care to the resident based on the needs of the patient and the skills of the resident.

- Residents in the final years of education (PGY 3 and 4) may serve in a supervisory role of intermediate level residents (PGY 2) in accordance with and in recognition of their progress toward independence.

- **All PGY1 residents are supervised either directly or indirectly with direct supervision immediately available.**

- In every level of supervision, the supervising faculty member must review progress notes, sign procedural and operative notes and discharge summaries.

- Faculty members must be present to provide supervision in ambulatory settings and be actively involved in the provision of care as assigned.

Approved 07/13